MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. DI/206 076   **FILING DATE** 11-3-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
(1)	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55		1					
(6)	1						56							
7		1					57							
8							58							
9							59							
10		1					60							
(11)	1						61						1	
12		1					62							
(13)	1						63							
14							64							
15							65							
16		1					66							
17		1					67							
18							68							
19							69							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4						TOTAL IND.							
TOTAL DEP.	13						TOTAL DEP.							
TOTAL CLAIMS	17						TOTAL							